

Chapter A. Bond  
Paragraph 1. Special

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM 875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/01/948

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1					
TOTAL DEP.	5					
T TAL CLAIMS	4					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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